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Smoking—Ten Years After The Scare

Ten years ago last month then U.S. Surgeon General Luther Terry dropped a bombshell on the American people when he issued his report on the health dangers of smoking tobacco.

In the ten-year period following the report, and subsequent reports listing ever-more certain evidence against cigarettes, cigarette sales have climbed from 523.9 billion in 1963 to 583 billion in 1973.

Fifty-five million Americans continue to smoke.

In the 1970's, increasing numbers of women take up smoking, apparently lulled by statistics which indicate that women have not been dying as fast as men from cigarette-related diseases such as cancer, emphysema and cardiovascular disease.

Women are not the only ones to reject the stern warnings about smoking. Three thousand teenagers become smokers every day.

Important Study Results

The results of several studies announced within the last few months have changed the picture of smoking from that of a serious health threat for the individual smoker to that of a grave public health concern.

A nationwide study of 29,000 blood donors led researchers to the "astounding observation" that Americans regularly are exposed to the potential dangers of excessive amounts of carbon monoxide.

The report said tobacco smoking was the single most important factor leading to raised levels of carbon monoxide in the blood, followed by exposure to auto exhaust, geography and environmental factors.

According to the study released by the Medical College of Wisconsin, 45 per cent of all non-smoking blood donors tested in a 30-month period had carbon monoxide saturations greater that 1.5 per cent, the highest safe level allowed for active non-smokers by the Clean Air Act quality standards of 1971.

The researchers raised questions about the effectiveness of transfusing blood from donors who smoke tobacco to heart disease patients. Carbon monoxide exposure has been found to aggravate angina pectoris.

According to a study made by the Center for Urban and Environmental Research and Service of Southern Illinois University, if smoking were prohibited in St. Louis, it would cut down the levels of carbon monoxide in the air more that would a reduction in automobile exhaust emissions.

Researchers said prohibiting smoking in public places and increasing inspection of carbon monoxide levels in industrial work places should be a higher priority goal than developing the catalytic converter as a means of reducing air pollution.

Cigarette Smoke Components

Cigarette smoke contains nearly all the major pollutants of foul air found in an industrial environment, according Smoking Research, Inc.

Toxic ingredients include carbon monoxide, nitrogen dioxide, hydrogen cyanide, sulfur oxides, hydrocarbons, fluorides, aldehydes, lead, arsenic, cadmium, asbestos and other particulate matter.

Smokers inhale about 475 ppm of carbon monoxide per cigarette, according to the California Department of Health, and carbon monoxide concentrations can easily reach several hundred parts per million in a poorly ventilated, smoke-filled room, says Science magazine.

According to an HEW report, breathing only 50 ppm of carbon monoxide for 90 minutes causes impaired time-interval discrimination in non-smokers.

The 50 ppm figure is 15 ppm over the EPA's Air Quality Standard for persons exposed for an hour once a year. Ironically, though, it also approximates the average carbon monoxide level in Los Angeles freeway air last year.

In an EPA study, clinically normal middle-aged men experienced decreases in cardiac output and ECG changes after exposure to 100 ppm of carbon monoxide for four hours with exercise.

CO is not the only hazardous component of cigarette smoke. Nitrogen dioxide, an acutely irritating gas, occurs in cigarette smoke in concentrations 160 times that considered dangerous on extended exposure.

The Environmental Protection Agency has released data that suggest that long-term low-level exposures to nitrogen dioxide may play a significant role in the

(Continued on Page 4)

treasure state health

February, 1974

Emergency Medical Care Comes of Age

A pregnant Libby-area woman went into labor during the height of the recent winter flooding. Bridges were washed out, communication lines were down and she was stranded.

If it hadn't been for the emergency medical system Libby citizens have developed, the woman might have been in serious trouble. As it was, she was transported in good condition to the local hospital by a crew of paraprofessionals trained in emergency medical care.

The Emergency Medical Services (EMS) program has been in operation in Libby for three years. It is one of the best-established and best-equipped emergency care networks in the state and it began because Libby citizens realized they needed it.

Montana's accidental death rate is 52 per cent higher than the national average. Accidents are the leading cause of death in Montana for those in the 0-45 age bracket. Having an accident—auto, hunting or work-related—in a rural area in Montana places the victim hours away from competent medical aid.

Federal money is becoming more easily available to assist communities in developing comprehensive and improved emergency care systems.

President Nixon signed a $185 million Emergency Medical Care bill in November that will provide money to communities to develop EMS programs. Additionally, the federal Highway Safety Act of 1966 already provides money in Montana for ambulances, communications systems and training.

Organizing an EMS Program

According to Robert Quam, chief of the Emergency Medical Services Bureau of the State Department of Health and Environmental Sciences, all it takes to get an EMS network started in a community is one person.

"In each case where programs were started, one person was interested and convinced other people there was a need," Quam said.

In Shelby, that one person was Bud Criner, who works for the phone company.

Criner became interested in emergency care when he took a good look at his company's multimedia first aid program.

"I thought it was inadequate," Criner said.

Criner talked to one man in Conrad who was instrumental in getting his community organized for EMS, Pat Wyse, and the two discussed their ideas with county commissioners and law enforcement officers.

Criner got a local doctor interested and Wyse talked the Regional Medical Program into putting on a training program for Shelby-area nurses. An Emergency Medical Technician—Ambulance (EMT-A) course was given to 30 Shelby citizens and the new ambulance system was underway.

As it now works, members of the ambulance team know ahead of time when they will be on call. Ambulance team regulars include Criner, two plumbers, one city employee, three state employees and three nurses.

Doctors have walkie-talkies and can talk to the ambulance crew anywhere at any time.

The ambulance system handled 22 cases in December and 106 calls in the previous seven months.

About twice a month, the crew transfers a patient to a Great Falls hospital.

The EMS group has had good cooperation from the community. When they decided they needed $5,600 for a heart monitor, defibrillator and IV equipment, it took only five weeks to collect enough money in donations.

"The people back you if they know what you're doing," Criner said.

The Flood

The EMS programs in Libby and Troy were organized and ready to leap into action when winter flooding washed out roads and cut phone lines.

Franklin "Mick" Mills, part-time civil defense director and a

(Continued on Page 3)

This old Ford ambulance was all Hardin had for many years. It now serves as one of the back-up ambulances in the area; another back-up ambulance is stationed at Lame Deer.

Hardin's new ambulance can carry four patients at a time. The ambulance sign on its hood is backwards so that the word may be recognized in a rear view mirror by other motorists.

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Editorial

Pollution Control Is A Good Investment

Benjamin F. Wake, Administrator
Environmental Sciences Division

Past Report

In March of 1972 I reported that approximately 130 companies spent in excess of $21 million an air pollution control in Montana, of which 50% or over $10 million was for labor and $3,363,000 for goods and services, all spent in Montana. This is a total of nearly $14,000,000 spent in Montana on materials, labor and services purchased in Montana. The results of these expenditures on materials and labor have been producing favorable circumstances for Montana citizens ever since and will continue to do so for many years.

The values indicated above and those to be mentioned hereafter are determined by declarations made on permit applications submitted by the various companies and/or by declarations made publicly by the company when such permits did not show the amount of money spent. It is felt that the totals indicated are on the conservative side since a number of smaller organizations did not indicate on their permit applications the cost of the air pollution control devices subsequently fabricated. The values in this discussion would relate solely to air pollution control. Many millions of dollars in addition would be added if controls for water pollution and solid waste were also included.

The values for labor and goods were estimated by taking 25% of the cost for labor and 16% as the cost for goods purchased in Montana. It is quite possible that both goods purchased in Montana and labor purchased in Montana could account for greater that 66% of the total cost, but to be on the conservative side the estimate is made at 66% for goods and services purchased in Montana.

What's New?

From the period March, 1972 to the present, (February 1, 1974) industry in Montana has or will spend an additional $37,375,475 for air pollution control equipment. If 50% of this amount will go for labor purchased in Montana, carpenters, plumbers, bricklayers, steamfitters, welders, machinists, laborers, electricians, etc., will have obtained almost $19 million in wages which they will use to pay taxes, buy food, clothing and shelter, pay hospital bills, buy automobiles, buy beef, lamb, bread, milk and all the other things that are a part of normal daily living. Businessmen and merchants will receive at least $6 million from the purchase of lumber, nails, steel, sheet metal, oil, gasoline, tires, trucks, tools, etc. This money cannot be considered to have been "pounded down a rathole" or wasted. All of these expenditures are worthwhile expenditures made to people who are very grateful to have money to spend.

Clean-up and Closure

There is an old but persistent assumption among those who resist pollution controls that clean-up is equivolent to closure. We are unable to document any truth to this saying. We have no evidence of such an event ever happening in Montano and only rumors of such on event occurring in the nation. It is o catchy phrase and o trop utilized by some persons to force workers and others into occepting pollution as o way of life, as a trade-off for hoving o job or of doing business.

Filth and Prosperity

There ore also those who equate filth with prosperity. No such comparison could be further from the truth. History does not report in any recordings thot hove ever come to light that prosperity was dependent upon filth or thot filth in fact produced prosperity. Well, maybe with one exception—there is a certoin omount of prosperity that accrues to those who will not put pollution controls on a polluting system. They may ochieve a certain omount of wealth, ond probably do, from not applying control meosures that are necessory. These people are, fortunotely, a minor part of the totol community. No one has yet demonstroted that, as a whole, the populotion of o country or o state or o city or even a small community hos been enhonced economically becouse of filthy conditions.

Picture This:

A city of 45,000 with dozens of smokestocks belching block smoke, cinders, goses, and dust, covering the city with on intense smog, with bockyard trash burners burning indiscriminotely ond with garbage ond trash strewn up ond down the olleys. Are they weolthy? Are these conditions likely to make them wealthy? Are they more wealthy than a similor community which will not permit belching smokestacks, demands clean olleys, has no backyord trash-burning barrels, ond requires clean stacks? I have never reod in the literature or have seen any documentotion where people who live in o filthy community have more money in their pockets than the people who live in a clean community.

Improved Working Conditions

Re-entry of emissions into the working place from on uncontrolled stack is common. The controls placed on scores of stacks ond other emission points on plants in Montona hove improved working conditions ot hundreds of workplaces throughout the state.

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Treasure State Health Questionnaire Reveals Readers' Health Concerns

Nutrition, the environment and problems of the elderly were among the most often cited health issues subscribers of Treasure State Health would like to read more about, according to the results of a January questionnaire.

TSH readers are being polled in an effort to determine just who is reading TSH and what kinds of information they would like to receive.

Many readers also listed the following interests: mental health, dentistry, public health information, programs for children, proposed legislation, new health programs, hospital care, information on what is happening at the state and federal level and preventive health care.

Six per cent of the 2,600 subscribers have responded to the first printing of the questionnaire. Half of the 160 respondents wrote comments and recommendations. A selection of comments follows:

- Treasure State Health is one of the few ways of receiving information as to what is happening in Montana. Our state is big and the Energy Crisis is going to limit travel, therefore we need this bulletin to keep acquainted with other communities in the state.
- I don't know how I got on the list but I really have enjoyed the publication for at least 10 years.
- I think education etc. is fine (as you do with this paper) but why in God's name when you know of an unhealthy situation such as Anaconda Aluminum Company in Columbia Falls, don't you do something other than issue variance after variance? Why can't they clean up now?

Individual readers were interested in future articles about cancer and other disease research, abortion, safety, the legal aspects of health care, workshops and seminars, arthritis, industry's health programs, facts on communicable disease, crib death, cosmetics and health, nurse practitioner programs and the work being done at Galen, Boulder River School and Shodair Hospital.

The questionnaire is printed again in this issue for those subscribers who have not yet responded. Future issues of TSH will deal with specific questions brought up by readers and will include articles readers have requested.

Toavs Receives Soules Award at MHA

Elsie Toavs, nursing consultant in the Bureau of Nursing, was presented the Dr. Mary E. Soules Distinguished Service Award of the Montana Health Association.

Toavs was cited for her "many contributions to the people of Montana as 'Health care deliverer.'

Her selection for the Soules award "was based primarily on the Seeley-Ovando-Swan (SOS) project which she pioneered in 1971 (which) became highly recognized as a pilot to base other similar projects on both statewide and nationally."

A native of Wolf Point, Toavs completed training for her RN in 1941 at Fairview School of Nursing In Minnesota. She also holds a B.S. degree in Anthropology from Wheaton College, a certificate in Public Health Nursing from the University of Minnesota and an M.S. in Medical-Surgical Nursing from the University of California.

Toavs has worked for the State Health Department since 1960.

Presenting the award was Emma L. Peterson, public health nurse and member of the Awards Committee.

Receiving 25-Year Service Awards were Dorothy Lasko, administrative aide in the Licensing and Certification Bureau, and Adeil Wallett, nursing consultant in the Maternal and Child Health Services Bureau.

The MHA met Feb. 20 and 21 in Butte.

Gas Stoves Linked To Respiratory Ills

Studies made by the Environmental Protection Agency have yielded preliminary indications that people who live in houses with gas stoves are more susceptible to respiratory ailments than people who use other cooking fuels.

In gas-stove families incidence of "acute lower respiratory illness" in mothers was 32 per cent greater than in mothers of families without gas stoves.

With fathers and school children apparently less exposed to stove fumes the incidence was only 10 per cent higher in gas-stove families.

The study was the result of eight months' close observation of 87 families with gas stoves in Riverhead, New York, and 59 comparable Riverhead families without them.

A Good Investment

The development and installation of air pollution control devices on pollution sources in Montana is a good investment. It is not a waste of money, has not caused anyone to go out of business, has caused no closures, and will not cause any closures. The Board of Health and Environmental Sciences has demonstrated repeatedly that, where need exists, especially where the need is associated with the time required to meet an emission standard, variances have been granted commensurate with good engineering practice and economic needs. In each instance the variances have been complied with. A factor of considerable importance to the installation of pollution control devices is that the investment stays in Montana and continues to operate in Montana for years to come to the benefit of all people who are within striking distance of the pollution source.

A common misconception is that money spent for pollution control is not just a loss to the stockholder of a company in question, but to society as a whole. In truth, money that comes out of one company gets spent with another company—and thence through the total economy.

It is true that pollution control laws—unless unenforced—will reduce profits of some corporations. It is not true that enforcement of pollution control laws will hurt the prosperity of out state. Enforcement of the law merely transfers purchasing power from one group to another—and improves the health and welfare of all Montana citizens in the process.

It is cruel to pretend that we have to choose between pollution control and prosperity!

treasure state **health**
official bulletin of the
vol. xxiii, no. 2

State Department of Health and Environmental Sciences
Helena, Montana 59601
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Emergency Medical Care Comes of Age

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founder of the local EMS program, activated a manned first aid station and had 30 ambulance crew members on an double shift.

"We told the hospital to be ready for anything from sand in the eye to electrocution," Mills said.

Luckily, the flood only generated 6 or 8 calls, Mills said. The ambulance crews wound up "a little frustrated and chomping on the bit" that more help wasn't needed, he said.

The flood illustrated how important an EMS program is to the health and safety of a community.

"Having volunteers ready to go is real hard—it has to be a day-by-day thing," Mills said.

"Setting up these volunteer ambulance groups furnished a tremendous pool of manpower," he said.

As a result of the flood, Mills said, he realized how important it is for crews to wear identification. Libby ambulance crew members wear yellow jumpsuits with an international cross in orange on their backs. Mills said people knew who they were and were able to recognize them and flag them down faster.

Another need the flood demonstrated is the importance of maintaining stockpiles of medical supplies.

"Too many ambulance crews run too close to the bottom of the barrel" when an emergency necessitates using medical supplies, Mills said.

He said he now thinks the state should look into providing a program to help communities build up a stockpile of supplies and should suggest which supplies to get.

"We decided to order six more backboards and six more wire baskets," Mills said.

EMS Fosters Cooperation

When an EMS program began at Hardin, the Indian Health Service took notice and cooperated with the fledgling program.

Civil defense director Norm Parrent, who also coordinates the EMS program, says relationships between the Indian Health Service, the hospital, the EMS crew and law enforcement have improved.

"Instead of this hospital fighting with that hospital, they're trading drugs," Parrent said.

"A good number of our calls are for Indian people," he said. "We have a good working relationship with them."

One instance when the year-old EMS program helped its neighbors occurred in July, 1973. Parrent received a call for help on a potential Caesarian section case at 7:05 a.m. from the Public Health Service (PHS) hospital at Crow Agency. An 18-year-old Indian woman pregnant with her first child was in labor. The baby was in breech position with both feet doubled up. PHS wanted her transferred to Billings.

At 7:11 the EMS crew was on its way, with an RN along from Hardin hospital. Thirteen minutes later, the ambulance arrived at Crow Agency, picked up the patient, returned to Hardin to pick up an LPN and was on its way to Billings by 7:30.

"Five minutes after we left PHS, the RN decided we wouldn't make it to Billings," Parrent said.

The only choice left to the crew was to turn the baby.

"They were scared to death—so was I," Parrent said.

The ambulance slowed to 50 mph and, riding on the even surface of the Interstate highway, the crew was able to turn the baby. At 8:16 a.m., a baby girl was born without further complications.

Parrent credits the EMS program with saving several lives in the short time of its existence.

"We know of five who wouldn't be here," he said.

The county commissioners who approved funds to begin the EMS program receive much of the credit too, according to Parrent. The EMS program is financed by county mill levy. It charges $15 per call and 50 cents a mile.

The ambulance service "will show a little margin of profit this year," Parrent says. The money goes into the county general fund.

Training

EMT training in the state is watched over by Jerry Luchau, EMS coordinator for the State Department of Health.

According to Luchau, about 580 persons are now qualified as EMT's, having taken an 81-hour course taught by local area doctors. The classes last three to four months, two lessons a week, and are completed with 10 hours of in-service training.

Ten EMT training programs are now in progress, Luchau said, and there will be an additional 250 certified EMT's by June.

EMS Bureau

The EMS bureau was organized in 1973 with the aid of a grant from Regional Medical Program. The RMP money was supplied to write a state plan for coordinating all efforts in providing EMS systems to communities.

Impetus was added to the beginning of the EMS program in 1971 with the passage of an ambulance licensing law by the Montana legislature. The law established minimum standards for ambulance services.

One of the first decisions the formulators of the state plan had to tackle is what communities are considered highest priorities. According to bureau chief Quam, the decision depends on variables such as what medical facilities are available, the accidental death rate in the area, population, number of physicians and distance to a major hospital facility.

One of the first steps a community can take to organize an EMS system is to form an EMS council, an advisory body that fosters dialog between persons involved in handling medical emergencies and county officials.

Cities with councils that are developing EMS systems include Chateau, Miles City, Missoula, Great Falls, Butte, Bozeman, Havre, Helena, Kalispell and Billings.

Highway Safety Office

Another state agency is involved in organizing EMS systems, the Highway Safety Office, directed by Al Goke.

Using federal funds from the Highway Safety Act, Goke pays for half of two salaries of EMS bureau employees and provides funds for communications equipment, ambulances and training in the state.

"We've bought approximately 35 communications systems for communities around the state," Goke said.

Having two state agencies involved in providing similar services necessitates cooperation and the division of duties.

"I quit at the hospital doors," Goke says.

As far as Goke is concerned, Montana has a long way to go to provide adequate emergency services to its citizens.

Out of 130 primary and back-up emergency vehicles in the state, only 25 meet top criteria, Goke said.

Goke estimates, though, that fewer than 10 services are in a tough spot because of their outdated equipment.

Goke's office handles the provision of equipment and training on a regional funding basis.

If his office supplies a radio system to one community, they have to help other nearby communities, Goke said, so that, for instance, Hamilton and Stevensville can talk to Missoula and trade services and information.

Future Funding

The 1974 Legislature presently is considering supplemental funding so that the EMS bureau can apply for federal matching funds.

The money will go towards setting up EMS networks across the state and will pay for training, public education and services.

A nurse at Hardin Hospital has easy access to the ambulance crew by radio in the nursing station.

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Smoking—Ten Years After The Scare

(Continued from Page 1)

development of chronic lung disease. Exposure of mice, hamsters and squirrel monkeys to nitrogen dioxide increased their susceptibility to bacterial pneumonia and influenza infections and reduced their lungs' ability to clear infectious agents.

Cadmium, a trace element in cigarette smoke, also has been added to the list of disease-producing substances. The American Lung Association warns that although only one millionth of a gram of cadmium is inhaled with each cigarette, the metal is known to build up in the body in direct proportion to the number of years the person has smoked.

There is now evidence that the cadmium retained in the lungs may contribute to the development of emphysema, according to a report by Gordon L. Snider, M.D., of Boston University School of Medicine, in a recent issue of the American Review of Respiratory Disease.

Blood Tests May Help

Research into the causes of cancer has resulted in the recent discovery of an experimental blood test that apparently distinguishes cigarette smokers whose genes make them prone to lung cancer from those resistant to the disease.

This new knowledge suggests to other researchers that it eventually may be possible to develop similar methods to determine which individuals have increased susceptibility to environmental cancer-producing chemicals other than cigarettes.

Crusade Goes On

"Smoking today remains our single most preventable cause of disability and death in this country," according to Dr. Luther Terry.

The situation, though grim, may be improving and Terry is among the hopeful who think there have been advances in the crusade against smoking.

Terry points out that the cigarette smoked today is a much less potent weapon than that of 15 years ago.

"In 1954," Terry said, "95 per cent of cigarettes sold fell in a range between 35 and 53 mg. of tar per cigarette, whereas in 1972, some 90 per cent of all cigarettes sold were in a range between 14 and 29 mg."

In general, he added, nicotine content roughly parallels the tar content of cigarettes.

Other Advances

Cigarette advertising was banned on television and radio in 1971. The Winchester man made a brief appearance touting little cigars then bit the dust last year. The health warning label on cigarette packs has been reworded to sound even more dire. Tar and nicotine contents must be listed in cigarette ads.

There is a rising appreciation of the rights of non-smokers in restaurants, public transportation and public buildings. Arizona became the first state to ban smoking in public buildings.

The Civil Aeronautics Board began requiring airlines in 1973 to provide seats in smoke-free areas for all passengers who want one—airlines face a $1,000 fine for noncompliance in each case.

The military has begun to segregate smokers in some facilities and has stopped distributing cigarettes in C-rations.

According to the National Clearinghouse for Smoking and Health, although cigarette sales have climbed in the last ten years, per capita consumption has declined in that same period from 4,345 cigarettes per smoker per year in 1963 to 4,130 in 1973.

Public health officials estimate that reports from the Surgeon General and other warnings have convinced 20 million Americans not to take up smoking who otherwise would have adopted the habit.

The Montana Lung Association estimates that there are 22 million ex-smokers in the country today. More that 41 million have tried to quit.

Changes to Come

Researchers at the National Cancer Institute have found that it is possible to produce a less hazardous cigarette for those who will continue to smoke regardless of the consequences.

They have found that tobacco can be bred to produce less nicotine. Curing methods and filters could cut nicotine and tar even further. The paper wrapper could be made more porous, allowing for better combustion and reducing carbon monoxide.

Others active in the campaign against smoking are seeking to ban all cigarette advertising and hope to reduce allowable limits of tar and nicotine year by year.

NON-SMOKER'S BILL OF RIGHTS

NON-SMOKERS HELP PROTECT THE HEALTH, COMFORT AND SAFETY OF EVERYONE BY INSISTING ON THE FOLLOWING RIGHTS:

THE RIGHT TO BREATHE CLEAN AIR

Non-smokers have the right to breathe clean air, free from harmful and irritating tobacco smoke. This right supersedes the right to smoke when the two conflict.

THE RIGHT TO SPEAK OUT

Non-smokers have the right to express—firmly but politely—their discomfort and adverse reactions to tobacco smoke. They have the right to voice their objections when smokers light up without asking permission.

THE RIGHT TO ACT

Non-smokers have the right to take action through legislative channels, social pressures or any other legitimate means—as individuals or in groups—to prevent or discourage smokers from polluting the atmosphere and to seek the restriction of smoking in public places.

NON-SMOKERS HAVE RIGHTS TOO!

This international no-smoking symbol has been adopted by the National Interagency Council on Smoking and Health to protect the rights of non-smokers.

Brochures Available

Family Planning Methods of Contraception, a leaflet by HSA's Community Health Services, provides information in table format about the use and effectiveness of different contraceptive methods.

Available from Public Inquiries, Health Services Administration, 5600 Fishers Lane, Rockville, Maryland 20852 (DHEW Publication No. (HSA) 73-16002, single copies free).

Index of Consumer Products, a periodic index from the General Services Administration of selected federal publications on buying, using and caring for consumer products, listed by subject such as safety, nutrition, child care. Most are free or cost under 25 cents.

To get on the mailing list and receive a copy of the free index write Consumer Product Information, Pueblo, Colorado 81009.

Innovative Cars, a pamphlet describing some of the new designs being developed for automobile engines of the future.

Available free from Circulation Branch, Office of Public Affairs, Environmental Protection Agency, Washington, D.C.

Hazards of Ambient Smoke, a brochure.

Available for an eight-cent stamp from Lenox Hill Hospital, 100 East 71st Street, New York, New York 10021.

1972 Montana Social Services, Health and Recreation Directory.

Available for $2.50 from John W. Bauer, director, Social Work Program, Department of Sociology, Montana State University, Bozeman, Montana 59715.

TREASURE STATE HEALTH
Published monthly by
State Department of Health and Environmental Sciences
Helena, Montana 59601

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